## Supplemental Application Data Sheet

# **Application Information**

10/561,561 Application number:: 06/19/03 (Int'l) Filing Date:: Regular Application Type:: Subject Matter:: Utility 3735 Suggested Group Art Unit:: CD-ROM or CD-R?:: None Sequence submission?:: None No Computer Readable Form (CRF)?:: BREATH END-TIDAL GAS MONITOR Title:: Attorney Docket Number:: 643132000200 No Request for Early Publication?:: No Request for Non-Publication?:: Total Drawing Sheets:: Yes Small Entity?:: No Petition included?:: No Secrecy Order in Parent Appl.?:: **Applicant Information** Inventor Applicant Authority Type:: US Primary Citizenship Country:: Status:: Full Capacity Given Name:: Lee

R.

Middle Name::

CARLSON Family Name::

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CA State or Province of Residence::

US Country of Residence::

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94566-5406 Postal or Zip Code of mailing address::

Inventor Applicant Authority Type::

Primary Citizenship Country:: United Kingdom

Status:: **Full Capacity** 

Edward Given Name::

Middle Name:: Α.

**MCCLATCHIE** Family Name::

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State or Province of Residence:: CA

Country of Residence:: US

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

**Full Capacity** Status:: Given Name:: Joe Family Name:: **MARTINOSKY** City of Residence:: Wildwood State or Province of Residence:: MO US Country of Residence:: Street of mailing address:: 1703 South Woodgrove Court City of mailing address:: Wildwood State or Province of mailing address:: MO Postal or Zip Code of mailing address:: 63038 Applicant Authority Type:: Inventor US Primary Citizenship Country:: **Full Capacity** Status:: Given Name:: Ralph WALDEN Family Name:: Granite City City of Residence:: State or Province of Residence:: IL Country of Residence:: US 2227 Delmar Avenue Street of mailing address:: City of mailing address:: **Granite City** State or Province of mailing address:: IL Postal or Zip Code of mailing address:: 62040

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Applicant Authority Type::

Primary Citizenship Country:: <u>US</u>

Status:: **Full Capacity** 

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**Correspondence Information** 

Correspondence Customer Number:: 25226

Representative Information

Representative Customer Number:: 25226

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/019310	06/19/03

## **Foreign Priority Information**

**Assignee Information** 

Assignee name:: Capnia, Inc.

Street of mailing address:: 2445 Faber Place, Suite 250 State or Province of mailing address:: <u>CA</u>

Postal or Zip Code of mailing address:: 94303-3348

## Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.					
Signature	100/hr	Date	8/8	_, 2011	
Name (Print/Type)	Lise A. Amii	Registration No. (Attorney/Agent)	48,199		